	Form 5500-SF Short Form Annual Ret		eturn/l Benefit	• • • •	OMB Nos. 1210-0110 1210-0089					
	Jetamol Review				2011					
En	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee Benefits Security Administration           Employee Benefits Security Administration         The Internal Revenue Code (the Code).					(a) of This Form is Open to Public				
P	Pension Benefit Guaranty Corporation Inspection									
Part I Annual Report Identification Information										
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011				
Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participar	nt plan			
<b>B</b> <sup>-</sup>	This return/report is:	the first return/report	the final r	eturn/report						
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation							
1a	Name of plan				1b	Three-digit				
KRE	OWJENNINGSINC RETIREME	ENT PLAN				plan number	001			
					1c	(PN) ► Effective date of pl				
					10	01/01/19				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identifica (EIN) 91-1026				
					2c	Sponsor's telepho 206-625-0				
	E. OLIVE STREET TLE, WA 98122				2d	Business code (se 236110				
	Plan administrator's name and	address (if same as plan sponsor, er 2011 E. OLIV			3b	Administrator's EIN 91-1026	N 296			
		SEATTLE, W			3c	Administrator's tele 206-625-0				
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN				
_	name, EIN, and the plan numb	er from the last return/report.			4.					
	Sponsor's name	the beginning of the plan year			4c	PN				
		0 0 1 )			5a		99			
b		the end of the plan year			5b		91			
С		count balances as of the end of the p			5c		83			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		•	X Yes No			
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Informa		5111 5500-	SF and must instead use Form 550						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of	Year			
а			7a	5843482		(4)	5859077			
b	•									
с	Net plan assets (subtract line 7	b from line 7a)	7c	5843482			5859077			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Tot	al			
а	Contributions received or recei			187						
			8a(1)		_					
			8a(2)	355340	_					
	() ()	)	8a(3)	40.440	_					
b	· · · ·		8b	48418			403945			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c				TUJJ7J			
u			8d	309339						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	37903						
f	Administrative service provider	s (salaries, fees, commissions)	8f	41108						
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				388350			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				15595			
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? ..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) ..... Х f Has the plan failed to provide any benefit when due under the plan? ..... 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 211405 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h i. If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500)).... ..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. ......Month \_\_\_\_\_ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) ..... Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? ..... Yes Х No If "Yes," enter the amount of any plan assets that reverted to the employer this year ...... 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/17/2012	BARBY SALIMIAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	07/16/2012 10:29	5/2012 10:29 2056251425 KJ ACCOUNTING			PAGE 02/03						
	Form 5500-SF	Short Fo		n Annual Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089				
			s required to be filed under sections 104 and 4065 of the Employee					2011			
	Department of Labor mployee Benefits Security Administration	Retirement Inc	ome Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).			I his Form is Open to Public Inspection					
ممصحر	Pension Benefit Guaranty Corporation			Il entries in accordance with the instructions to the Form 5500-SF.							
	Part Annual Report Identification Information           For calender plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011										
Jr. Susteriolaid	This return/report is for:	a single-emplo			e-employer plan (not multiemployer)		a one-particip				
	This return/report is:	the first return,	ľ Ļ		return/report			- <b>- · · · ·</b> · · · ·			
5		an amended r		1	an year return/report (less than 12 m	onths	)				
c	Check box if filing under:	Form 5558		automatic extension				DFVC program			
Ū.	Check box in hing ander.	4	ion (enter description)								
[]]P	Int II Basic Plan Inform	1		-							
L. <u>u.i.</u>	Name of plan					1b	Three-digit				
	KrekowJenningsInc R	etirement	Plan				plan number	0.01			
						10	(PN)  001 1c Effective date of plan				
						19	01/01/1989				
	Plan sponsor's name and addre KrekowJenningsInc.	ess; include room	or suite number (∈	employer, i	f for a single-employer plan)	2b	Employer Identif (EIN) 91-102				
	,					2c	Sponsor's telept	none number			
	2011 E. Olive Stree	t				2đ	(206) 625- Business code (e				
BUT STORES	Seattle		L		WA 98122	<u></u>	236110	and the second			
	Plan administrator's name and a Same	address (if same	as plan sponsor, e	nter "Same	\$")	30	Administrator's E	EIN			
						3c	Administrator's to	elephone number			
4	If the name and/or EIN of the pla	an sponsor has	changed since the l	last return/	report filed for this plan, enter the	4b	EIN	***************************************			
_	name, EIN, and the plan numbe	er from the last r	eturn/report.		· · · · · ·	4.0					
					1	4c	FN				
	Sponsor's name	the beginning of	the plan year			E	Τ	99			
5a	Total number of participants at t					5a		99			
5a b	Total number of participants at t Total number of participants at t	the end of the pla	an year		.,,	5a 5b		99 91			
5a b	Total number of participants at t Total number of participants at t Number of participants with accurate	the end of the pla ount balances a	an year s of the end of the p	plan year (	.,,						
5a b c	Total number of participants at t Total number of participants at t Number of participants with acc complete this item)	the end of the pla ount balances a uring the plan ye	an year s of the end of the p ar invested in eligib	plan year (i le assets?	defined benefit plans do not (See instructions.)	5b 5c		91			
5a b c	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S	the end of the pla ount balances a uring the plan yes annual examin see instructions of	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility	plan year ( le assets? an indeper and conditi	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF	5b 5c <sup>(A)</sup>		91			
5a b c 6a b	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to eithe	the end of the pla ount balances a uring the plan yes annual examin see instructions o or 6a or 6b, the p	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility	plan year ( le assets? an indeper and conditi	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF	5b 5c <sup>(A)</sup>		91 83 X Yes 🗍 No			
5a b c 6a b	Total number of participants at t Total number of participants at t Number of participants with acc complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe	the end of the pla ount balances a uring the plan yes annual examin see instructions o or 6a or 6b, the p	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility	plan year ( le assets? an indeper and conditi	defined benefit plans do not (See instructions.) Ident qualified public accountant (IQF Ions.)	5b 5c <sup>(A)</sup>		91 83 X Yes No X Yes No			
5a b c 6a b Pa 7	Total number of participants at t Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes annual examine the instructions of or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility blan cannot use Fe	olan year (i le assets? an indeper and condit orm 5500-	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year	5b 5c (A)		91 83 X Yes No X Yes No of Year			
5a b c 6a b	Total number of participants at t Total number of participants at t Number of participants with acc complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe	the end of the pla ount balances a uring the plan yes annual examin see instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility olan cannot use Fe	olan year ( le assets? an indeper and conditi orm 5500- 7a	defined benefit plans do not (See instructions.) Ident qualified public accountant (IQF Ions.)	5b 5c (A)		91 83 X Yes No X Yes No			
5a b c 6a b Pa 7 a	Total number of participants at t Total number of participants at t Number of participants with accu- complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to eithe FEIII Financial Informat Plan Assets and Liabilities Total plan assets	the end of the pla ount balances a uring the plan yes e annual examin see instructions o or 6a or 6b, the s tion	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility olan cannot use Fe	olan year (i le assets? an indeper and condit orm 5500-	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year	5b 5c 2A)		91 83 X Yes No X Yes No			
5a b c 6a b Pa 7 a b	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes annual examini- bee instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u>	plan year (i le assets? an indeper end condit orm 5500- 7a 7b	(See instructions.) Ident qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 5,843,481	5b 5c 2A) 2	(b) End (	91 83 X Yes No Yes No of Year 5,859,077 5,859,077			
5a b c 6a b 7 a b c 8	Total number of participants at t Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes e annual examini- see instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u>	plan year ( le assets? an indeper end condit orm 5500- 7a 7b 7c	(See instructions.) defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,48 5,843,48 (a) Amount	5b 5c 2A) 22 2 2	(b) End ( (b) Tr	91 83 Yes No Yes No of Year 5,859,077 5,859,077 otal			
5a b c 6a b 7 a b c 8	Total number of participants at t Total number of participants at t Number of participants with acc complete this item)	the end of the pla ount balances a uring the plan yes a annual examin- be instructions or or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility <u>plan cannot use Fa</u>	plan year ( le assets? an indeper and condit orm 5500- 7a 7b 7c Ba(1)	defined benefit plans do not (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5, 843, 481 5, 843, 481 (a) Amount 18	<b>5b</b> <b>5c</b> <sup>3</sup> A) 10.	(b) End ( (b) To	91 83 X Yes No Yes No of Year 5,859,077 5,859,077 otal			
5a b c 6a b 7 a b c 8	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examin see instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility olan cannot use Fe	plan year ( le assets? an indeper and condition orm 5500- 7a 7b 7c 7c 8a(1) 8a(2)	(See instructions.) defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,48 5,843,48 (a) Amount	<b>5b</b> <b>5c</b> <sup>3</sup> A) 10.	(b) End ( (b) To	91 83 X Yes No Yes No of Year 5,859,077 5,859,077 otal			
5a b c 6a b Pa b c 8 a	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examin see instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility olan cannot use Fe	plan year ( le assets? an indeper and condit orm 5500- 7a 7b 7c 7c Ba(1) 8a(2) 8a(3)	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 5,843,483 (a) Amount 18'	5b 5c 2A) 102 2 7 7	(b) End ( (b) T	91 83 X Yes No Yes No of Year 5,859,077 5,859,077 otal			
5a b c 6a b 7 a b c 8 a 8 b b	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examine e instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of on waiver eligibility olan cannot use Fa	plan year ( le assets? an indeper and condit orm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b	defined benefit plans do not (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5, 843, 481 5, 843, 481 (a) Amount 18	5b 5c 2A) 102 2 7 7	(b) End ( (b) T	91 83			
5a b c 6a b 7 a b c 8 a 8 b c	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes e annual examine e instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility olan cannot use Fa fear fear 8b)	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(2) 8b 8c	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 5,843,483 (a) Amount 187 355,340 48,414	5b 5c 2A) 2 2 7 7 7 8 8	(b) End ( (b) Ti	91 83 X Yes ☐ No Yes ☐ No 5,859,077 5,859,077 5,859,077 5,859,077 0tal 403,945			
5a b c 6a b 7 a b c 8 a 8 a b c d	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examine be instructions o or 6a or 6b, the p tion	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility olan cannot use Fa fear fear 8b)	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5, 843, 48: 5, 843, 48: 5, 843, 48: 5, 843, 48: 18' 355, 34( 48, 41) 48, 410 309, 33	5b 5c 2A) 2 2 7 7 7 8 8	(b) End ( (b) Ti	91 83 X Yes ☐ No Yes ☐ No 5,859,077 5,859,077 5,859,077 5,859,077 0tal 403,945			
5a b c 6a b Fa b c 8 a b c d e	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes e annual examine e instructions or or 6a or 6b, the of tion of from line 7a) of from line 7a) rs for this Plan Y able from: a(2), 8a(3), and ollovers and insu	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u> <u>(ear</u> (ear (b)	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 (a) Amount 18' 355,340 48,414 309,333 37,901	5b 5c 2A) 2 2 7 7 7 8 8 8 8 8 8 8 9 9 9	(b) End ( (b) T.	91 83 Yes No Yes No 5,859,077 5,859,077 5,859,077 0tal 403,945			
5a b c 6a b Fa b c 8 a b c d c f	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examin- iee instructions or <b>6 a or 6b, the o</b> <b>tion</b> of from line 7a) from line 7a) from line 7a) able from: able from: a(2), 8a(3), and plovers and insu ve distributions (so (salaries, fees,	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility of <u>plan cannot use Fo</u> <u>plan cannot use Fo</u> <u>constructions</u> <u>see instructions</u> ) commissions)	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5, 843, 48: 5, 843, 48: 5, 843, 48: 5, 843, 48: 18' 355, 34( 48, 41) 48, 410 309, 33	5b 5c 2A) 22 7 7 8 8 8 8 8 9 9 9 9	(b) End (	91 83 Yes No Yes No 5,859,077 5,859,077 5,859,077 0tal 403,945			
5a b c 6a b 7 a b c 8 a b c d e f g	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examin- ise instructions or <b>6 a or 6b, the i</b> <b>tion</b> of from line 7a) from line 7a) from line 7a) able from: able from: a(2), 8a(3), and plovers and insu ve distributions (so (salaries, fees,	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility of <u>plan cannot use Fo</u> <u>clan cann</u>	plan year ( le assets? an indeper and condit orm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 (a) Amount 18' 355,340 48,414 309,333 37,901	5b 5c 2A) 22 7 7 8 8 8 8 8 9 9 9 9	(b) End (	91 83			
5a b c 6a b Fa b c 8 a b c d c f	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes e annual examine be instructions of or 6a or 6b, the plan of from line 7a) from line 7a) from line 7a) a(2), 8a(3), and plovers and insu ve distributions (s (salaries, fees, e, 8f, and 8g)	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u> <u>clan canno</u>	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 (a) Amount 18' 355,340 48,414 309,333 37,901	5b 5c 2A) 22 7 7 8 8 8 8 8 9 9 9 9	(b) End (	91 83 X Yes □ No Yes □ No of Year 5,859,077 5,859,077 otal 403,945 403,945			
5a b c 6a b 7 a b c 8 a b c d e f g	Total number of participants at ( Total number of participants at t Number of participants with accu- complete this item)	the end of the pla ount balances a uring the plan yes e annual examini- be instructions of the structions of the structions of the structure of the struc- tron line 7a)	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u> <u>clan cannot use Fa</u> <u>clan cannot use</u> <u>fear</u> <u>fear</u> <u>see instructions</u> )	plan year (r         le assets?         an indeper         and condit         orm 5500-         7a         7b         7c         8a(1)         8a(2)         8a(3)         8b         8c         8d         8e         8f         8g         8h         8i	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 (a) Amount 18' 355,340 48,414 309,333 37,901	5b 5c 2A) 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(b) End (	91 83			
5a b c 6a b 7 a b c 8 a b c 8 a b c d e f g h i j	Total number of participants at ( Total number of participants at t Number of participants with accur complete this item)	the end of the pla ount balances a uring the plan yes e annual examine be instructions of the or 6b, the of the or 6b, the of the of the plan yes of from line 7a) of from line 7a) a(2), 8a(3), and ollovers and insu ve distributions (for (salaries, fees, e, 8f, and 8g) 8h from line 8c) of from line 8c)	an year s of the end of the p ar invested in eligib ation and report of a on waiver eligibility a <u>plan cannot use Fa</u> <u>(ear</u> (fear) (fea	plan year (r le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8e 8f 8g 8h 8i 8j	defined benefit plans do not (See instructions.) ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year 5,843,483 (a) Amount 18' 355,340 48,414 309,333 37,903 41,108	5b 5c 2A) 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(b) End (	91 83 X Yes No Yes No of Year 5,859,077 5,859,077 5,859,077 otal 403,945 403,945			

KJ ACCOUNTING

Back W_         Plan Characteristics           9a         If the plan provides periods hereins have the populative vertice feature codes from the List of Plan Characteristic Codes in the instructions:           9a         If the plan provides vertice hereins, enter the upplicable penion feature codes from the List of Plan Characteristic Codes in the instructions:           9a         Unity the plan provides vertice hereins, enter the upplicable vertice codes from the List of Plan Characteristic Codes in the instructions:           9a         Unity the plan provides vertice hereins, enter the upplicable penion feature codes from the List of Plan Characteristic Codes in the instructions:           9a         Was there a failure to remain the time part of the upplicable penion feature codes from the List of Plan Characteristic Codes in the instructions:           9a         Was there a failure to remain the time part of the upplicable penion field to provide part of herein uppening the notice penion of the list of the plan here a loss, whether or ext minutand by the plan's fieldity bood, that we caused by fault of the plan here a loss, whether or ext minutand by the plan's fieldity bood, that we caused by fault of the plan here a loss, whether or ext minutand by the plan's fieldity bood, that we caused by fault of the plan here a loss, whether or ext minutand by the plan's fieldity bood, that we caused by fault of the plan here a loss, whether or ext minutand by the plan's fieldity bood, that we caused by fault of the plan here a loss, whether or ext minutand log to coding provide any based.           9         Uth the plan failed to provide any based to minutand log to coding provide any based of the plan here loss of yluo and by the plan's	Form 5500-\$F 2011			Page <b>2</b> -								
99. If the plan provides persons benchus, even the applicable pension feature actes from the List of Plan Characteristic Codes in the instructions:         12. 22. 22. 02. 22. 82. 22. 23. 03. 31.         13. Unapplicative welfare bencifts, enter the applicable welfare feature costs from the List of Plan Characteristic Codes in the instructions:         14. Unapplicative welfare bencifts, enter the applicable welfare feature costs from the List of Plan Characteristic Codes in the instructions:         15. We there a future bin result to the plan any participant contributions within the line period decellor in a 26 CFR 2510-1302 (20 min structions and 20 V Unitiat? Products? Correction Program	P	an	IV Plan Characteristics									and a second
Part V.       Compliance Questions         10       During the plan year: a Was them a failure to transmit to the plan any participant contributions within the time period described in 20 GF 2510-1027 (See interactions and DC) is Voluniary Flavbary Correction Program       104       X         10       D with the same analysis to transmit to the plan any participant contributions within the time period described in 20 GF 2510-1027 (See interactions and DC) is Voluniary Flavbary Correction Program       104       X         10       W with the any concerning transactions with any party-in-interact? (Do not indude transactions reported or ditheteesty?       106       X         10       W with same as a volume or ditheter or not enimipued by the plan's fidelity bond, that was caused by frout or ditheteesty?       106       X         10       Were same views or ourninations pelied only bestions, agenta, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan's (See instructions) and co providing then orbiticappelied under 30 Gers read).       106       X         11       It is is an individual account plan, was there a blackout period? (Gee instructions and correcting the non-papelic date or 120 Million account and the box if you either provided the required notice or action of a correcting the non-papelic date or 120 Million account in the plan year.       100       2       100       X         11       It is is an individual date or plan was there a blackout period? (Gee instructions and complete Softedue SB (Form ecorption to prov		10.4.3	If the plan provides pension benefits, enter the	applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
10       During the plan year:       Yes       No       Amount         2       Vise thore a blane to transmit to the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the plan any participant contributions within the plan any participant contributions within the plane sector any plane and plane any participant contributions within the plane any participant contributions and any participant closes?       Yes       No       Amount         10       Were any fees occurniciation that provides any center with the plan's fielding period and provide any benefit when dise under the plan's (See instructions and 29 CFR 2220101-3).       Yes	k										1	
10       During the plan year:       Yes       No       Amount         2       Vise thore a blane to transmit to the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the time period described in the plan any participant contributions within the plan any participant contributions within the plan any participant contributions within the plane sector any plane and plane any participant contributions within the plane any participant contributions and any participant closes?       Yes       No       Amount         10       Were any fees occurniciation that provides any center with the plan's fielding period and provide any benefit when dise under the plan's (See instructions and 29 CFR 2220101-3).       Yes	Pa	rť	Compliance Questions		•							
29 CFR 2510.3-1022 (See instructions and CPCL's Voluntary Flucuary Correction Program)       10a       X         0 West the plan covered by a fidelity bond?       10b       X       10b       X         0 Did the plan have a local, whether or not reimbursed by the plan's fidelity bond; that was caused by faut or diatonesty?       10c       X       500,000         10b       X       10c       X       10c       X       10c       X         0 West the plan have a local, whether or not reimbursed by the plan's fidelity bond; that was caused by faut or diatonesty?       10c       X       10	bedrus investig	Contract of the					And a fail of the part of the second seco	Yes	No		Amount	
on line 10a)       10b       X         C       Was the plan covered by a fidelity bond?       10c       X       500,000         D       Did the plan covered by a fidelity bond?       10c       X       500,000         D       Did the plan covered by a fidelity bond?       10c       X       500,000         D       Wees any fidelity bond?       10c       X       500,000         D       Wees any fidelity bond?       10c       X       500,000         D       Wees any fidelity bond?       10c       X       10c       X         D       Did the plan have any participant tans? (P*, P*, enter amount as of yeer end).       10c       X       10c <t< td=""><td></td><td>a</td><td>Was there a failure to transmit to the plan any</td><td colspan="3"></td><td>10a</td><td></td><td>x</td><td></td><td></td><td></td></t<>		a	Was there a failure to transmit to the plan any				10a		x			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by traud or distonesity?       Index		b			105		x					
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by traud or distonesity?       Index		¢	Was the plan covered by a fidelity bond?				10c	х			5(	0,000
e       Were any face or commissions paid to any broken; agents, or other persons by an insurance carrier,	i	đ	Did the plan have a loss, whether or not reimb	ursed by the plan's f	ursed by the plan's fidelity bond, that was caused by fraud				x			
g       Did the plan have any participant loans? (If Y µs,* enter amount as of year end)		e	Were any fees or commissions paid to any bro insurance service or other organization that pr	kers, agents, or othe pvides some or all of	er persons by an insu f the benefits under th	irance carrier, he plan? (See			x			
g       Did the plan have any participant loans? (if Yes," enter amount as of year end	ł	F	Has the plan failed to provide any benefit when	n due under the plan	?		10f		X			
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3).       In       In       X       In       X <td< td=""><td>I</td><td>a</td><td>Did the plan have any participant loans? (If "Ye</td><td>es." enter amount as</td><td>of vear end.)</td><td></td><td>· · ·</td><td>x</td><td></td><td></td><td>21</td><td>1.405</td></td<>	I	a	Did the plan have any participant loans? (If "Ye	es." enter amount as	of vear end.)		· · ·	x			21	1.405
Part WF       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 6500)       Yes No         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         13       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         14       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         15       If a waiver of the minimum funding standard for a prior year is being samotized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       12b         16       Center the amount contribution for the plan or this plan year.       12b         12       Subract the amount in line 12b. from the amount in line 12b. Enter the result (enter a minus sign to the lett of a megative amount)       12d         13       Has resolution to terminate the plan been adopted in any plan year?       12a         13       Has a resolution to terminate the plan been adopted in any plan year?       13a         13       Has resolution to terminate the plan been adopted in any plan year?       13a         13       Has resolution to terminate the plan been adopted in any plan year? <td>ļ</td> <td>h</td> <td>If this is an individual account plan, was there</td> <td>a blackout period? (\$</td> <td>See instructions and 2</td> <td>29 CFR</td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td>	ļ	h	If this is an individual account plan, was there	a blackout period? (\$	See instructions and 2	29 CFR			x			
Part WF       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 6500)       Yes No         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         13       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         14       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes No         15       If a waiver of the minimum funding standard for a prior year is being samotized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       12b         16       Center the amount contribution for the plan or this plan year.       12b         12       Subract the amount in line 12b. from the amount in line 12b. Enter the result (enter a minus sign to the lett of a megative amount)       12d         13       Has resolution to terminate the plan been adopted in any plan year?       12a         13       Has a resolution to terminate the plan been adopted in any plan year?       13a         13       Has resolution to terminate the plan been adopted in any plan year?       13a         13       Has resolution to terminate the plan been adopted in any plan year? <td>i</td> <td></td> <td>If 10h was answered "Yes," check the box if ye</td> <td>u either provided the</td> <td>e required notice or o</td> <td>ne of the</td> <td>·</td> <td></td> <td></td> <td></td> <td></td> <td></td>	i		If 10h was answered "Yes," check the box if ye	u either provided the	e required notice or o	ne of the	·					
11       Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form	Pai	ł.		and a second to select a second s		<u></u>				11.2001160.113301	NUMBER OF STREET	insia na en n n
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								X No		
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Description         Denter the minimum required contribution for this plan year.       12b         C Enter the amount contributed by the employer to the plan for this plan year.       12b         If you complete the amount line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a       12d         e Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       N/A         Part Will       Plan Terminations and Transfers of Assets       13a       13a       13a         b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       13a       Yes       No         C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s).       13c(2) EIN(s)	12											and the second se
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12b         b       Enter the minimum required contribution for this plan year	. 5	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
b       Enter the minimum required contribution for this plan year	ŀ	Fv	ou completed line 12a, complete lines 3, 9, a	and 10 of Schedule	MB (Form 5500), an	d skip to line 13.	.11		Day		rcai	
C       Enter the amount contributed by the employer to the plan for this plan year	-							[	125			
d       Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?									12c			
Part VII       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted in any plan year?       Yes X No         If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBCC?       Yes X No         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(3) PN(s)       13c(3) PN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an emplied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct; and complete.         sign.       Barby Salimian         HERE       Signature of plan administrator       Date 7:16:12       Enter name of individual signing as plan administrator			Subtract the amount in line 12c from the amou	nt in line 12b. Enter the result (enter a minus sign to the left of a				Γ	12d			
Part VII       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted in any plan year?       If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       If "Yes," enter the amount of any plan assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       Yes       No         C       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or Incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an empled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign.       Barby Salimian         HERE       Signature of plan administrator         Date 7:16:12       Enter name of individual signing as plan administrator	e	۱ i	Will the minimum funding amount reported on <b>l</b> i	ine 12d be met by the funding deadline?						Yes	No	N/A
13a       Has a resolution to terminate the plan been adopted in any plan year?       If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       13a         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penality for the late or Incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and aigned by an emplied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SigN:       Barby Salimian         HERE:       Signature of plan administrator         Date 7:16:12       Enter name of individual signing as plan administrator											alau o al apportante antiparte de la participa	
If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       I Yes X         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SE or Schedule ME complete.         SiGN       Product       Barby Salimian         HERE       Signature of plan administrator       Date "7" ILo" 12" Enter name of individual signing as plan administrator				ed in any plan year?					Y	es X N	lo	
b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							-	· · · · · · · · · · · · · · · · · · ·		the second s		
C       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or Incomplete filling of this return/report will be assessed unless reasonable cause is established.       13c(3) PN(s)         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an emplied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SiGN       P Sum       Barby Salimian         HERE       Signature of plan administrator       Date 7:16:12       Enter name of individual signing as plan administrator	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						Yes	X No				
Caution: A penalty for the late or Incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct; and complete.         SIGN:	C	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to										
Under penalties of perjury and other penalties set for h in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an emplled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct; and complete.          SIGN       Barby Salimian         HERE       Signature of plan administrator         Date       7.16.12	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s)					PN(s)
Under penalties of perjury and other penalties set for h in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an emplled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct; and complete.          SIGN       Barby Salimian         HERE       Signature of plan administrator         Date       7.16.12												
Under penalties of perjury and other penalties set for h in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an emplled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct; and complete.          SIGN       Barby Salimian         HERE       Signature of plan administrator         Date       7.16.12	Cau	tic	on: A penalty for the late or incomplete filing	of this return/report will be assessed unless reasonable cause is established.								
Sign: Date アール Date アール Date アール Date アール Date The 12 Enter name of individual signing as plan administrator Sign Sign	Und ŞB	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and										
Sign: Date アール Date アール Date アール Date アール Date The 12 Enter name of individual signing as plan administrator Sign Sign	ت الحر		B.Sn.e_			Barby Sali-	hian				•	
SIGN								al sign	ing as	nian adm	inistrator	
			λ.) 		Dailo I for			araign	119 23	Plan aum		
				Date Enter name of individual signing as err				employer	or plan spo	nsor		